

The Commonwealth of Massachusetts

TOWN OF ARLINGTON

Annual Report – Raffles & Bazaars

(C. 810, Acts of 1969)

Date: _____

Name of Nonprofit Organization:

Address: _____

Expiration Date of Permit: _____

Number of Raffles and Bazaars Held: _____

Amount of Money Received: \$ _____

Expenses Connected with Raffles Conducted: \$ _____

Net Proceeds: \$ _____

For what purposes were the proceeds used? _____

Names & addresses of winners of \$250.00 or more:

(Attach additional pages as necessary)

We, the undersigned, Officers or Members of the Organization do hereby certify that this report is true and complete.

1: _____

Accountant/Treasurer of Organization

2: _____

3: _____

Authorized Officers or Members of Organization

Report Certified to be in Conformity with C. 810, Acts of 1969.

Town Clerk

**RENEWAL PERMIT WILL NOT BE ISSUED TO LICENSEE UNTIL THIS REPORT HAS BEEN COMPLETED AND
FILED WITH THE TOWN CLERK.**

(Permit Holders also holding Beano Licenses must submit a copy of this report to the Massachusetts State Lottery Commission)